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PHILADELPHIA,				C. Frederic	k Koenig III	(Depositor's name)
				1	1 16	(Signature)
				March (3, 20	005	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED	INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/747,734	12/29/2003	l	Alexander	Reznik	I-2-0450.1US	6631
· ·		ION METHOD A		ENTS FOR MULTI-USER W		ON SYSTEMS
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	03/09/2005
EXAM	INER	ART UN	IIT	CLASS-SUBCLASS]	
MILORD, N	IARCEAU	2682	2	455-067110		
Address form PTO/SB/12 "Fee Address" indicati	ence address (or Change of	Correspondence	(1) the nam or agents O (2) the nam registered a 2 registered	ing on the patent front page, lines of up to 3 registered pater. R, alternatively, the of a single firm (having as attorney or agent) and the nand patent attorneys or agents. If ame will be printed.	nt attorneys 1 VOIDE a member a nes of up to	and Koenig, P.(
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON	THE PATENT	(print or type)		
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Please check the appropriate	assignee category or catego	ries (will not be pr	rinted on the pa	ntent): 🗖 Individual 🕱C	orporation or other private gre	oup entity Government
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				y) or to re-apply any previous other than the applicant; a reg		
Authorized Signature	1/28			Date Mar	ch 3, 2005	
Typed or printed name	C. Frederick Ko	oenig III		! Registration	No. 29,662	···-

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Under the Paperwork Reduction Act of 1995 TRANSMITTAL	no persons are required to respond to a col Application Number	ection of information unless it displays a valid OMB control number. 10/747,734
TRANSMITTAL	Filing Date	December 29, 2003
FORM	First Named Inventor	Alexander Reznik
	Art Unit	2682
(to be used for all correspondence after initial	Examiner Name	Marceau Milord
Total Number of Pages in This Submission	Attorney Docket Number	I-2-0450.1US
	ENCLOSURES (Check all	that apply)
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s)	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence A Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks	Status Letter Other Enclosure(s) (please Identify below): Form PTOL-85
Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53		
	TURE OF APPLICANT, ATTO	RNEY, OR AGENT
Firm Name VOLPE AND KOENI	G, P.C.	
ha		

Printed name C. Frederick Koenig III Date Reg. No. March 3, 2005 29,662

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Signature	all			
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Effective on 12	2/08/2004.		Complete if Known	
		Application Number	10/747,734	
FÉE TRAN	ISMITTAL	Filing Date	December 29, 200	3
For FY	2005	First Named Inventor	Alexander Reznik	
		Examiner Name	Marceau Milord	
Applicant claims small entity s	tatus. See 37 CFR 1.27	Art Unit	2682	
TOTAL AMOUNT OF PAYMENT	(\$) 1,712.00	Attorney Docket No.	I-2-0450.1US	
METHOD OF PAYMENT (chec	k all that apply)			
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 09-0435 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
FEE CALCULATION				
Application TypeFee (Utility300Design200Plant200Reissue300	NG FEES Small Entity \$) Fee (\$) 150 500 100 100 100 300 150 500	Small Entity Fee (\$) 250 200 130 150 160 250 600	100 0 65 0 80 0 300	Fees Paid (\$)
Provisional 200 2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reiss Each independent claim over 3 of Multiple dependent claims Total Claims Extra C	or, for Reissues, each indep	I more than in the origendent claim more that Paid (\$) Multi		360 180
HP = highest number of total claims particle. Extra Claims HP = highest number of independent claims	d for, if greater than 20 aims	Paid (\$)	0.00	
<u>Total Sheets</u> <u>Extra :</u> - 100 = 4. OTHER FEE(S)	ts or fraction thereof. See Sheets Number of eac / 50 =	35 U.S.C. 41(a)(1)(G) th additional 50 or fraction (round up to a whole no	and 37 CFR 1.16(s). on thereof Fee (\$)	25 for small entity) = Fee Paid (\$) = 0.00 Fees Paid (\$)
Non-English Specification, Other: Issue fee, publicati				1,712.00

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Signature	Man	Registration No. 29,662 (Attorney/Agent)	Telephone 215-568-6400
Name (Print/Type)	C. Frederick Koenig III		Date March 3, 2005

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